

**CAPTION**

**FORM 68-H-1**

**INCOME AND EXPENSE STATEMENT OF**

\_\_\_\_\_ **PETITIONER/RESPONDENT**

**Social Security Number** \_\_\_\_\_

**1. INCOME**

A. Name and address of employer \_\_\_\_\_  
\_\_\_\_\_

Gross Wages, Salary and Commission per Pay Period \$ \_\_\_\_\_

PAY PERIOD: \_\_\_\_\_ Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Semi-Monthly \_\_\_\_\_ Monthly

B. Additional Gross Income from Rentals, Dividends and Business Enterprises, Social Security, AFDC, VA Benefits, Pensions, Annuities, Bonuses, Commissions and all other sources (give monthly average and list sources of income): \$ \_\_\_\_\_

**AVERAGE MONTHLY GROSS TOTAL WAGES, SALARY, COMMISSION, & OTHER INCOME:** \$ \_\_\_\_\_

3. Your share of the gross income on last year's Federal Tax Return: \$ \_\_\_\_\_

**2. ACTUAL OR ESTIMATED EXPENSES** stated on a MONTHLY average:  
(If estimated, designate by adding "E" behind the amount) \$ \_\_\_\_\_

A. Rent or mortgage payments \$ \_\_\_\_\_

B. Utilities

1. Gas \$ \_\_\_\_\_  
2. Water \$ \_\_\_\_\_  
3. Electricity \$ \_\_\_\_\_  
4. Telephone \$ \_\_\_\_\_  
5. Trash Service \$ \_\_\_\_\_

\$ \_\_\_\_\_

C. Automobiles

1. Gas and Oil	\$ _____
2. Maintenance (routine)	\$ _____
3. Taxes and Licenses	\$ _____
4. Payment on Auto Loan	\$ _____

\$ \_\_\_\_\_

D. Insurance

1. Life	\$ _____
2. Health and Accident	\$ _____
3. Disability	\$ _____
4. Homeowners	\$ _____
5. Automobile	\$ _____

\$ \_\_\_\_\_

E. Total payment on Installment Contracts

\$ \_\_\_\_\_

F. Child Support Paid to Others for Children not in your Custody

\$ \_\_\_\_\_

G. Maintenance or Alimony

\$ \_\_\_\_\_

H. Church and Charitable Contributions

\$ \_\_\_\_\_

I. Other Living Expenses

	For you	For Children	
1. Food	\$ _____	\$ _____	
2. Clothing	\$ _____	\$ _____	
3. Medical Care	\$ _____	\$ _____	
4. Prescription Drugs	\$ _____	\$ _____	
5. Dental Care	\$ _____	\$ _____	
6. Recreation	\$ _____	\$ _____	
7. Laundry and Cleaning	\$ _____	\$ _____	
8. Barber Shop	\$ _____	\$ _____	
9. Beauty Shop	\$ _____	\$ _____	
10. School and Books	\$ _____	\$ _____	
11. Extra curricular activities	\$ _____	\$ _____	
	=====	=====	
	\$ _____	\$ _____	\$ _____

J. Day Care or Babysitter:

\$ \_\_\_\_\_

K. All other expenses not presently identified (give a monthly average.)

1. Sundries	\$ _____
2. Reading material & TV	\$ _____
3. Gifts	\$ _____
4. Home Maintenance	\$ _____
_____	\$ _____

TOTAL AVERAGE MONTHLY EXPENSES

\$\_\_\_\_\_

STATE OF MISSOURI

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ss.

County of \_\_\_\_\_

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Comes now \_\_\_\_\_, ("Affiant") being  
duly sworn on oath states that Affiant has read the foregoing Statement of Income and  
Expenses, and the answers given therein are true to the best of Affiant's knowledge and  
belief.

\_\_\_\_\_  
Affiant

Subscribed and sworn to before me on this \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_